

IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
IN THE CASE OF <u>United States vs James Goodwyn</u>	FOR <u>District of Massachusetts</u> AT <u>Boston MA.</u>
PERSON REPRESENTED (Show your full name) <u>James D. Goodwyn</u>	<div style="float: right;"> <b>LOCATION NUMBER</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </div> <div style="clear: both;"></div> <div style="float: right;"> <b>DOCKET NUMBERS</b>  Magistrate  District Court  <u>1:05-cr-10220</u>  Court of Appeals </div> <div style="clear: both;"></div> <div style="float: right;"> 1 <input checked="" type="checkbox"/> Defendant—Adult  2 <input type="checkbox"/> Defendant - Juvenile  3 <input type="checkbox"/> Appellant  4 <input type="checkbox"/> Probation Violator  5 <input type="checkbox"/> Parole Violator  6 <input type="checkbox"/> Habeas Petitioner  7 <input type="checkbox"/> 2255 Petitioner  8 <input type="checkbox"/> Material Witness  9 <input type="checkbox"/> Other </div> <div style="clear: both;"></div>
CRIMINAL OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <u>21 USC 841A 21 USC 841(2)(1)</u> <u>21 USC 853</u> <input type="checkbox"/> Misdemeanor	

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____												
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">RECEIVED</th> <th style="width: 60%; text-align: left;">SOURCES</th> </tr> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$ _____	_____	_____	_____	_____	_____
	RECEIVED	SOURCES												
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES													
\$ _____	_____													
_____	_____													
_____	_____													
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____													
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">VALUE</th> <th style="width: 60%; text-align: left;">DESCRIPTION</th> </tr> <tr> <td>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		_____	_____	_____	_____	_____	_____	
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_____	_____													
_____	_____													
_____	_____													

  

DEPENDENTS	MARITAL STATUS	Total No of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	_____	_____ _____ _____

  

OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS	APARTMENT OR HOME	Creditors	Total Debt	Monthly Paymt.
	<small>LIST ALL CREDITORS INCLUDING BANKS LOAN COMPANIES CREDIT ACCOUNTS ETC</small>	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3-9-08SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)James D. Goodwyn